

## **Assistive Technology Referral Considerations**

(Return completed form to Gary Lacock at Franklin Support Center 374-4883)

School/Team: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral Source/Contact Person: \_\_\_\_\_

Classification/Diagnosis: \_\_\_\_\_

Approximate Cognitive Functioning Grade Level: \_\_\_\_\_

Specific reason(s) for considering assistive technology: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Health concerns

Hearing, Visual, Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Communication concerns

Signs, gestures, verbal communication, symbol systems, written: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Motor concerns

Positioning, wheelchair, head and trunk control, mobility skills, accurate reach, accurate point, isolated finger movements, cross midline with gaze, steady gaze, cross midline with hand, preferred hand \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Other Important Information

Student interests, toys/hobbies, motivators: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will it effect independence now and further independence in the future?

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Other information about why assistive technology is being considered for student

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LEA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_